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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/690,375	
	Filing Date	Oct 21, 2003	
	First Named Inventor	Childers II, Harold E.	
	Art Unit	1743	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	SEVR111STWP

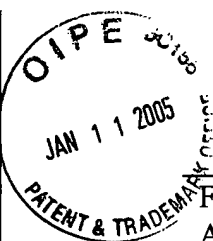
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Correction of Incorrect Registration Number Return Receipt Postcard
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	D'Ambrosio & Associates, P.L.L.C.
Signature	<i>Katherine D'Ambrosio</i>
Date	January 4, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Amanda Hillsman		
Signature	<i>Amanda Hillsman</i>	Date	January 4, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: Harold E. Childers II
Assignee: Severn Trent Services-Water
Purification Solutions, Inc.

Application No.: 10/690,375

Filed: 10/21/2003

Title: Method And System For Producing A
Disinfecting Solution

Attorney Docket No.: SEVR111STWP

Art Unit:

1724

Examiner:

Unknown

REQUEST FOR CORRECTION

Office of Initial Patent Examination's
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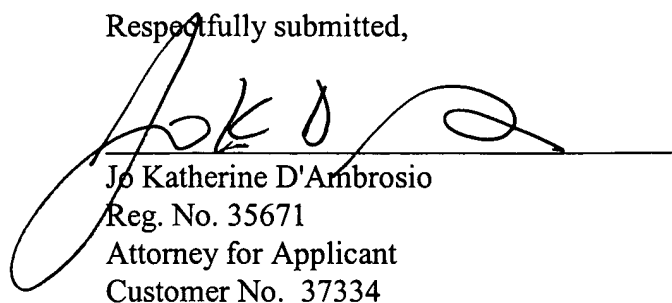
Sir:

Petitioner hereby requests a correction in the registration number that was input into the computer system for the above-referenced patent application. Evidently, the registration number was input incorrectly by the clerk who received the application as 3~~6~~671 and it SHOULD be 3~~5~~671. This correction will allow the application to be connected to our Customer Number (37334) and will afford us the opportunity to check its status online. Note: Our mailing address is correct on the correspondence we have recently received.

Your assistance with this request is appreciated.

Respectfully submitted,

1/4/05
Date


Jo Katherine D'Ambrosio
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Attorney for Applicant
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